

Washington State Department of Retirement Systems

DCP Transmittal Report

Report Group	Employer Name	Sys/Plan	Rpt Period	Ver/Exp	Prepared by	Phone	Page
899Z99	SOMEWHERE, CITY OF	D 1	09/2001	02 of 02	SUSAN SMITH	(360) 555-9999	1

Participant Information

						Deferral Amount	Employment Term Date
SSN:	431 85 4698	Name:	ANDERSON, JAMES	Gender:	M	Birth	04/16/1964
Address	123 WASHINGTON ST		OLYMPIA		WA	98506	
SSN:	550 87 9876	Name:	BEMER, IONA	Gender:	F	Birth	05/22/1959
Address	5426 FIRST AVE		OLYMPIA		WA	98506	
SSN:	201 56 8899	Name:	DEADWOOD, ROSE	Gender:	F	Birth	09/02/1970
Address	85 THIRD ST		TUMWATER		WA	98501	
SSN:	305 66 3232	Name:	SMITH, BRIAN	Gender:	M	Birth	12/10/1963
Address	2702 JAMISON RD		LACEY		WA	98513	
SSN:	221 31 8789	Name:	WELLINGTON, GEORGE	Gender:	M	Birth	02/26/1967
Address	6447 MAIN ST #23		TUMWATER		WA	98501	

Mail completed report including Payment
Advice form with payment to :
Department of Retirement Systems
P.O. Box 9018
Olympia, WA 98507-9018

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1. Verify preprinted information.
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